Request for Tax Parcel Division and/or Consolidation

JACKSON COUNTY ASSESSMENT OFFICE Maureen Berkowitz Supervisor of Assessments

20 S. 10th Street Murphysboro, IL 62966

Phone: 618-687-7220 Fax: 618-687-7243

Website: www.jacksoncounty-il.gov

I hereby request the Jackson County Supervisor of Assessments to reconfigure the tax parcel

boundaries of the property represented by the following permanent index number(s), by consolidating and/or dividing the property to be listed asnew parcel(s). Use additional pages if necessary to list the existing parcels and the new parcel(s) legal description(s)		
NEW TA	X PARCEL INFORMATION (Please F	Print)
Requeste	er's Name:	
Address:		
Phone: _	em	ail:
-	certify that I am the owner, trustee, or peorm) for the owner of the above listed p	erson having power of attorney (attach copy of power of arcels.
Requester's Signature		Date
2. 3. 4. 5.	Divisions or consolidations cannot be processed payments are paid in full. (BEGINNING JAN. ANY TAXES SOLD AT TAX SALE, MUST BEFORM, THE LAND DIVISION OR COMBINAT Ownership must be IDENTICAL for all parcels All parcels to be consolidated must have the set A new approved legal description will need to be of any parcel involving parcels less than 5 acres. This request form cannot be used to make characteristic condominium Declaration will have to be adopted all divisions and consolidation requests are sure Department approval.	to be consolidated. ame tax code and be contiguous. be provided for division requests. Any division request s, a plat of survey will be required. anges to a condominium. An amendment to the ted and filed with the Recorder of Deeds. bject to Supervisor of Assessments Mapping r the following tax year. (ie: request made in 2013, the
	City of Carbondale/Murphysboro jurisdicti	on. Must be approved by zoning department: